

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 13 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000155701 1. Entity Name MULDER TILE, INC.					
Principal Place of Business 3026 PINE TREE WINTER HAVEN, FL 33884		Mailing Address 3026 PINE TREE WINTER HAVEN, FL 33884			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0500194	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MULDER, KELLY G 3026 PINE TREE WINTER HAVEN, FL 33884			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060572468 10/13/05--01025--009 **150.00		
NAME	MULDER, KELLY G	NAME			
STREET ADDRESS	3026 PINE TREE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33884	CITY-ST-ZIP			
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULDER, KELLY G	NAME			
STREET ADDRESS	3026 PINE TREE	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULDER, KELLY G	NAME			
STREET ADDRESS	3026 PINE TREE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33884	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGER, JEFF	NAME			
STREET ADDRESS	3026 PINE TREE	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Kelly G Mulder</i></u>		10-6-2005		President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

10/13/05